

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD

STATE DEPARTMENT OF HEALTH

015- 000639

PRODUCER OF WASTE (Must be filled by producer)

Name: ALUMINUM CO OF AMERICA CODE NO. 1111  
 Pick-up Address: 5157 ALCOBA AVE. VERNON CALIF.  
 Telephone Number: 213 588 6141 P.O. or Contract No. 1A763853  
 Order Placed By: J. HERON Date: 8-1-75  
 Type of Process: SETTLING TANKS CODE NO. 1111  
 Which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input checked="" type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

Other (specify):

Components (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Hazardous Properties of Waste:

pH: none ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive  
 Bulk Volume: 5000 ☒ gal ☐ tons ☐ barrels (42 gal.) ☐ other (SPECIFY)  
 Container: 1 (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (SPECIFY)  
 Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Karl E. Bogner  
 SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.  
 13419 Halldale Ave., Gardena, California 90249  
 Phone: (213) 321-1392

SFUND RECORDS CTR

999000192

Pick Up: 8-2-75 Time 6:30 (DATE) 15 (HOUR)  
 State Liquid Waste Hauler's Registration No. (if applicable):  
 Job No. 2ND No. of Loads or Trips 5 Unit No. 5  
 Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other (SPECIFY)  
 The described waste was hauled by me to the disposal facility named below and was accepted  
 I certify (or declare) under penalty of perjury that the foregoing is true and correct.  
W. W. Watson  
 SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPER. LED MOFF. PARK CODE NO. 1111  
 Site Address: \_\_\_\_\_  
 The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.  
 Quantity measured at site (if applicable): \_\_\_\_\_ State fee (if any): \_\_\_\_\_  
 Handling Method(s):  
☐ recovery  
☐ treatment (specify): \_\_\_\_\_ (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)  
☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well  
☐ other (specify): \_\_\_\_\_  
 If waste is held for disposal elsewhere specify final location: \_\_\_\_\_  
 Disposal Date: 8/2/75

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

C. Sherman  
 SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

P.H. 8

K001123

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300

D.O.T. Proper Shipping Name \_\_\_\_\_